

Appendix A – Exhibits

Form Link

Interagency forms: http://www.nifc.gov/nicc/logistics/coord_forms.htm

OES web page: www.calema.ca.gov

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Resource Extension Request Form**Resource Extension Request Form****RESOURCE and INCIDENT INFORMATION:**

Resource Name: _____

Incident Name: _____ Incident #: _____ Request #: _____

Position on Incident: _____

EXTENSION INFORMATION:

Prior to any extension consider the health, readiness and capability of the resource. The health and safety of incident personnel and resources will not be compromised under any circumstances.

Length of Extension and last work day:Justification (Select from the list below):

- ☐ Life and property are imminently threatened,
- ☐ Suppression objectives are close to being met, or
- ☐ Replacement resources are unavailable or have not yet arrived.

REQUESTED BY* :

Incident Supervisor: _____ Incident Position: _____

1) Resource or Resource Supervisor: _____

2) Incident Commander or Deputy: _____

3) Host GACC Coordinator on Duty: _____

4) Home Unit Supervisor: _____

5) Sending GACC Coordinator on Duty: _____

6) NICC (only if National Resource): _____

*Signatures should be gathered in the order they are numbered above

December 2011

FC 106 Intercom Script

All requests for agency initial attack and immediate need extended attack aircraft will be ordered through the GACC via the Intercom. The script below will be used to ensure all required information is conveyed in a standard format.

New Order

When aircraft is requested via the intercom it is assumed they are being requested for a wildland fire.

For use of aircraft on incidents other than a wildland fire, the incident type must be announced at the start of the intercom traffic. Example: North Ops, Fortuna, new order, aircraft for Air Rescue. All incident, location and hazard information will be provided but the frequencies provided will be limited to what is being used for this incident type.

Required Information:	Examples:
Unit with the new incident addresses GACCs/Regions, Units/Forests, and air bases affected, based on where the requests have been placed in ROSS.	North Ops, Redding Air Attack Base, Redding, New Order (Wait for acknowledgement)
Incident Name	On Incident name Millville
Order Number	Order number SHU-5555
Descriptive Location (i.e. prominent landmark or community; do not use street addresses)	Descriptive location: Highway 44, 5 miles east of Palo Cedro
Legal Description and Latitude/Longitude Decimal minutes: read only 2 numbers past the decimal. 40 33.4051 would be 40 degrees 33 decimal 40 minutes. Read: four zero degrees; three three decimal four zero minutes. Read: one two two degrees; one zero decimal zero three minutes.	Legal: Section 6, Township 32 North, Range 2 East, off Mt. Diablo Latitude: 40 degrees 33 decimal 40 minutes; by Longitude 122 degrees 10 decimal 03 minutes.
FM Air Tactics and Frequency Read: one five one decimal three zero two five.	Air Tactics: Air Tactics 23, 151.3025
Air to Air AM (Victor) Frequency Read: one three five decimal five seven five.	Victor: 135.575
Air to Ground Frequency and Tone (if applicable) Read: one five one decimal two two zero; Tone one	Air to Ground: CDF Air to Ground 151.220 Tone 1
Ground Tactical (Frequency # given when tac is non-standard)	Ground Tactics: CDF Tac 6
Command Frequency and Repeater Tone (Frequency # given when Command is non-standard)	Command: SHU Local Tone 6.
Break	Break (Pause for North Ops/South Ops to acknowledge before continuing)
Request Numbers and resources dispatched or needed	Alpha 1, using Air Attack 240; Alpha 2, to Redding for 1 air tanker; Alpha 3, to Redding for 1 air tanker; Alpha 4, requesting one air tanker Alpha 5, using Copter 205
Other Aircraft	Other Aircraft: CHP Copter H13
Hazards	500 KV Power lines over the fire

Old Order, New Request – Immediate Need

Required Information:	Examples:
Unit with the existing old incident addresses their GACC/Region.	North Ops, Redding, old order SHU-5555, new request (Wait for acknowledgement)
Request Numbers and resources dispatched or needed	Alpha 6, requesting one air tanker, any type, Alpha 7, requesting one type 2 air tanker.

Old Order, Fill Information

Required Information:	Examples:
Unit/Airbase filling the request addresses the GACC/Region and requesting Unit and provides the order number of the incident the aircraft is being assigned to.	North Ops, Redding, Redding Air Attack Base, old order SHU-5555, aircraft information (Wait for acknowledgement)
Request Number, resource identifier, eta to incident and AFF Status of Aircraft.	Alpha 1, Air Attack 240 off Redding ETA 1520. (AFF Status of Aircraft) “Positive/Negative AFF”.

Old Order, Release Information

Once the aircraft has departed their base and Fill Information is voiced over the intercom, the resource is considered to be released requiring release information from the requesting Unit. If positive radio contact has not been made with the responding aircraft, notify the GACC, sending Unit and Airbase by stating “Negative Contact”. This advises the GACC, sending Unit and Airbase that the requesting ECC has not been able to contact the aircraft to advise them of the release.

An aircraft is considered “Canceled” only if prior to becoming airborne and receiving Fill Information the aircraft is determined not to be needed.

Required Information:	Examples:
Unit with the existing old incident addresses their GACC, sending Unit and Airbase.	North Ops, Oroville, Chico Air Attack Base, Redding old order, SHU-5555. aircraft release (Wait for acknowledgement)
Request Number, resource identifier, load status, the name of the base they are returning to and eta	On Alpha 4, Tanker 93 released with half a load, returning to Chico, ETA 1548.

Incident Information

If an incident is escalating and the ECC feels that it will need to continue ordering resources or will have resources committed for an extended length of time, providing a brief incident update over the intercom is appropriate. This update will allow neighboring Units to assess potential for resource requests. Updates are low priority traffic on the intercom.

Incident/Fire Update example;

“North Ops, Redding incident update on SHU-5555, the Millville incident. The fire is 150 acres with moderate rate of spread in grass, brush and oak woodlands. Potential for 500 acres. Anticipate additional orders for aircraft, crews, equipment and overhead.”

FC106 Intercom Voice Out Script

North Ops, and/or South Ops _____,
(ECC's and Tanker Bases you would Notify), (Your Unit)

New Order (Wait for acknowledgement from each location you contacted)

On Incident Name: _____ Order Number: _____
(3 letter unit identifier plus inc #)

Descriptive Location: _____
(Major Landmark, City, Town – something recognizable to a resource coming from out of the Unit.)

Legal: _____
(Section, Township, Range, and Meridian)

Latitude: _____ by Longitude: _____

(Degree, Decimal Minute format) (Degree, Decimal Minute format)

Air Tactics, _____; Victor, _____
(Frequency Name and Number) (Frequency Number)

Air to Ground, _____ Ground Tactics, _____
(Frequency Name, Number) (Frequency Name)
(and Tone (if required)) (Freq. # is optional, use if unfamiliar frequency)

Command _____
(Frequency Name, Repeater Tone)
(Frequency Number is optional use if unfamiliar frequency)

Break (wait for OCC acknowledgement to continue)

Alpha One – Requesting (or Using if aircraft you direct dispatch) _____
Type of Aircraft

Alpha Two – Requesting (or Using if aircraft you direct dispatch) _____
Type of Aircraft

Alpha Three - Requesting (or Using if aircraft you direct dispatch) _____
Type of Aircraft

Alpha Four - Requesting (or Using if aircraft you direct dispatch) _____
Type of Aircraft

Other Aircraft: _____
(any aircraft at or going to incident not noted above)

Aircraft Hazards: _____
(Power lines, etc.)

NWCG Fire Class Size**NWCG Wild Land Fire Class
Size**

Class A	.25 or less
Class B	more than .25 but less than 10 acres
Class C	10 acres or more, but less than 100 acres
Class D	100 acres or more, but less than 300 acres
Class E	300 acres or more, but less than 1000 acres
Class F	1000 acres or more, but less than 5000 acres
Class G	5000 acres or more

Resource Order Form

RESOURCE ORDER										INCIDENT /PROJECT ORDER NUMBER				OFFICE REFERENCE NUMBER			
INITIAL DATE/TIME		2. INCIDENT/PROJECT NAME				3. INCIDENT /PROJECT ORDER NUMBER				4. OFFICE REFERENCE NUMBER							
5. DESCRIPTIVE LOCATION/RESPONSE AREA		6. SEC.		TWN		RNG		Base MDM		8. INCIDENT BASE/PHONE NUMBER				9. JURISDICTION/AGENCY			
7. MAP REFERENCE		11. AIRCRAFT INFORMATION				12. LONG.				10. ORDERING OFFICE							
11. AIRCRAFT INFORMATION		12. LONG.		13. LAT.		14. GROUND CONTACT		15. FREQUENCY		16. RELOAD BASE		17. OTHER AIRCRAFT/HAZARDS					
BEARING		DISTANCE		BASE OR OMNI		AIR CONTACT		FREQUENCY		RELOAD BASE		OTHER AIRCRAFT/HAZARDS					
12. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
13. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
14. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
15. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
16. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
17. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
18. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
19. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
20. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
21. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
22. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
23. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
24. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
25. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
26. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
27. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
28. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
29. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
30. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
31. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
32. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
33. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
34. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
35. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
36. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
37. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
38. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
39. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
40. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
41. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
42. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
43. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
44. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
45. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
46. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
47. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
48. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
49. Request Number		Ordered Date/Time		From To		Q T Y		RESOURCE REQUESTED		Needed Date/Time		Deliver To					
50. Request Number																	

Resource Order Form, Continuation

[illegible]

Emergency Release Form

EMERGENCY RELEASE / MESSAGE FORM

NAME _____ CREW / ENGINE NAME _____

CURRENT ORDER _____ CURRENT REQ # _____ CURRENT FIRE NAME _____

ORIGINAL ORDER _____ ORIGINAL REQ # _____ ORIGINAL FIRE NAME _____

EMERGENCY MSG / REASON FOR RELEASE _____

[illegible][illegible]

File Name: Emergency 'Release.doc

OES Name Request Justification

NAME REQUEST/SUGGESTION JUSTIFICATION ORDER FORM**(FAX or email this completed form to Expanded Dispatch, the Local GACC & the Home GACC)**

Incident Name: _____ Incident Number: _____ - _____ - _____

Request#: _____ ICS Position: _____

i.e. X-XXX

Name of person being ordered: _____

Agency of Person being ordered: _____

Date person is needed: _____ Time person is needed: _____ / _____

*Time Time Zone***Justification**Have Resource Orders for this position been returned "Unable to Fill"? **YES NO**Has the availability of the person been confirmed? **YES NO**Is this person a priority trainee? **YES NO**

If Yes, Identify the ICS position: _____

Has the person's Chief/Supervisor approved this special request? **YES NO**

Name of Chief/Supervisor that approved/denied this special request: _____

Identification of person recommending the Name Request/Suggestion Order

Recommending Person's:

Name: _____ Title: _____ Phone#: _____

Home Agency/Unit: _____ Incident Phone#: _____

******* ALL INFORMATION BELOW THIS LINE IS REQUIRED *********Name Request/Suggestion Authorization**Has this request been reviewed by Incident ICS functional chief? **YES NO**

Name: _____ Title: _____ Date: _____

Name Request/Suggestion approved by IC or DPIC: _____

Phone: _____ Date: _____

THIS FORM MAY BE REQUIRED TO BE EMAILED OR FAXED TO CAL OES FIRE EOC

Preparedness/Detail Request Form**PREPAREDNESS/DETAIL REQUEST****ATTACHMENT TO RESOURCE ORDER NUMBER:** _____**REQUEST NUMBER /S/:** _____

1. POSITION(S): _____ NUMBER OF PERSONS REQUESTED: _____

2. MINIMUM "RED CARD" RATING: _____

3. EMPLOYMENT STATUS: ☐ REGULAR FEDERAL AGENCY ☐ AD ☐ OTHER _____4. AGENCY UNIFORM: ☐ YES ☐ NO FIRE RESISTANT CLOTHING: ☐ YES ☐ NO5. DRIVERS LICENSE NEEDED: ☐ YES ☐ NO ENDORSEMENT: _____6. GOVERNMENT VEHICLE: ☐ YES ☐ NO TYPE: _____7. PRIVATE VEHICLES AUTHORIZED: ☐ YES ☐ NO NUMBER: _____8. RADIOS NEEDED: ☐ YES ☐ NO TYPE: _____ NUMBER: _____

9. REQUESTING UNIT'S ELECTRONIC TECHNICIAN'S NAME: _____

TELEPHONE: _____

10. LENGTH OF DETAIL: _____ THROUGH: _____

11. ESTABLISHED WORKWEEK: _____

HOURS OF DUTY: _____

OVERTIME AUTHORIZED: ☐ YES ☐ NO

AUTHORIZATION NUMBER: _____

12. PERSONNEL MAY BE ROTATED: ☐ YES ☐ NO HOW OFTEN: _____

ROTATION PAID BY: _____

13. BASE SALARY PAID BY: _____

TRAVEL PAID BY: _____ PER DIEM PAID BY: _____

14. EQUIPMENT USE MILEAGE PAID BY: _____

15. REQUESTING UNIT'S ELECTRONIC ADDRESS: _____

16. REQUESTING UNIT'S ESTIMATED TOTAL COST: _____

17. REQUESTING UNIT'S PERSONNEL OFFICER: _____

TELEPHONE NUMBER: _____

18. REQUESTING UNIT'S FINANCE OFFICER: _____

TELEPHONE NUMBER: _____

19. TEMPORARY DUTY STATION: _____

ADDRESS/P.O. BOX: _____

TELEPHONE: _____

20. GOVERNMENT LODGING: ☐ YES ☐ NO MESS HALL: ☐ YES ☐ NOGOVERNMENT COOKING FACILITIES ONLY: ☐ YES ☐ NOCOMMERCIAL LODGING: ☐ YES ☐ NO RATE: \$ _____ MEALS ☐ YES ☐ NO

21. NEAREST COMMERCIAL AIRLINE CITY: _____

22. REMARKS: _____

California Frequency Tones**STANDARD CTCSS TONES USED IN REGION 5**

<u>TONE</u>	<u>FREQUENCY</u>	<u>NAC</u>
1 -----	110.9 -----	455
2 -----	123.0 -----	4CE
3 -----	131.8 -----	526
4 -----	136.5 -----	555
5 -----	146.2 -----	5B6
6 -----	156.7 -----	61F
7 -----	167.9 -----	68F
8 -----	103.5 -----	40B
9 -----	100.0 -----	3E8
10 -----	107.2 -----	430
11 -----	114.8 -----	47C
12 -----	127.3 -----	4F9
13 -----	141.3 -----	585
14 -----	151.4 -----	5EA
15 -----	162.2 -----	656
16 -----	192.8 -----	788

National Mobile Food Service/Shower Unit Request Form**MOBILE FOOD & SHOWER SERVICE REQUEST FORM**

Incident Name: _____

Financial Code: _____

Resource Order #: _____

Food Service Request E#: _____

Shower Unit Request E#: _____

I. FOOD SERVICE: Requested Date, Time, Meal Types, and Number of Meals

1. Date of first meal: _____ Time of first meal: _____

2. Estimated number for the first three meals:

1st meal: _____ ☐ Hot Breakfast ☐ Sack Lunch ☐ Dinner2nd meal: _____ ☐ Hot Breakfast ☐ Sack Lunch ☐ Dinner3rd meal: _____ ☐ Hot Breakfast ☐ Sack Lunch ☐ DinnerThis Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time first meals are to be served: Date: _____ Time: _____

(Minimum guaranteed payment is based on these estimates, see Section G.2.2):

1st meal: _____ ☐ Hot Breakfast ☐ Sack Lunches ☐ Dinner2nd meal: _____ ☐ Hot Breakfast ☐ Sack Lunches ☐ Dinner3rd meal: _____ ☐ Hot Breakfast ☐ Sack Lunches ☐ Dinner**II. Location**

Reporting location: _____

Contact person at the Incident: _____

III. Additional Information

Spike Camps: Yes _____ No _____ Unknown _____

Estimated Duration of Incident _____ Estimated Personnel at Peak _____

Dispatch Contact: _____ Telephone Number: _____

IV. SHOWER SERVICE: Requested Date and Time Mobile Shower Unit is needed

Date Requested _____ Time Requested _____

Mobile Shower Unit type ordered: Large (12+ stalls) [____] Small (4-11 stalls) [____]

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time Mobile Shower Unit to be operational: Date: _____ Time: _____

National Interagency Coordination Center – 208-387-5400

Incident Aircraft Certification Form

INCIDENT – AIRCRAFT CERTIFICATION

Date of Operation _____ Incident # _____

Incident Name _____ Request # _____

Responding Agency Aircraft ID _____ FAA # _____

FLIGHT OPERATIONS CONDUCTED (Check where appropriate)

- | | |
|---|---|
| <input type="checkbox"/> Initial Attack | <input type="checkbox"/> Helicopter |
| <input type="checkbox"/> Extended Attack | <input type="checkbox"/> Airplane |
| <input type="checkbox"/> Respond with Crew | <input type="checkbox"/> Water Dropping |
| <input type="checkbox"/> Smoke Investigation | <input type="checkbox"/> Recon |
| <input type="checkbox"/> Lightning Detection | <input type="checkbox"/> Crew Shuttling |
| <input type="checkbox"/> Aerial Firing Operations | <input type="checkbox"/> Air Operation |
| <input type="checkbox"/> Firefighter Medevac | <input type="checkbox"/> Civilian Medivac |
| <input type="checkbox"/> Other _____ | |

Significant or Imminent Threat (Check where appropriate)

- ☐ Death
- ☐ Serious Injury
- ☐ Damage to property
- ☐ Damage to natural resources

Private Sector Services Availability (Check where appropriate)

- ☐ Not Capable of Meeting Operational needs
- ☐ No Aircraft Available
- ☐ No Aircraft Available in a timely manner
- ☐ Aircraft on Order

Certifying Person:

Person Receiving Information:

Name: _____

Name: _____

Title: _____

Title: _____

Agency: _____

Agency: _____

Date: _____

Date: _____

Time: _____

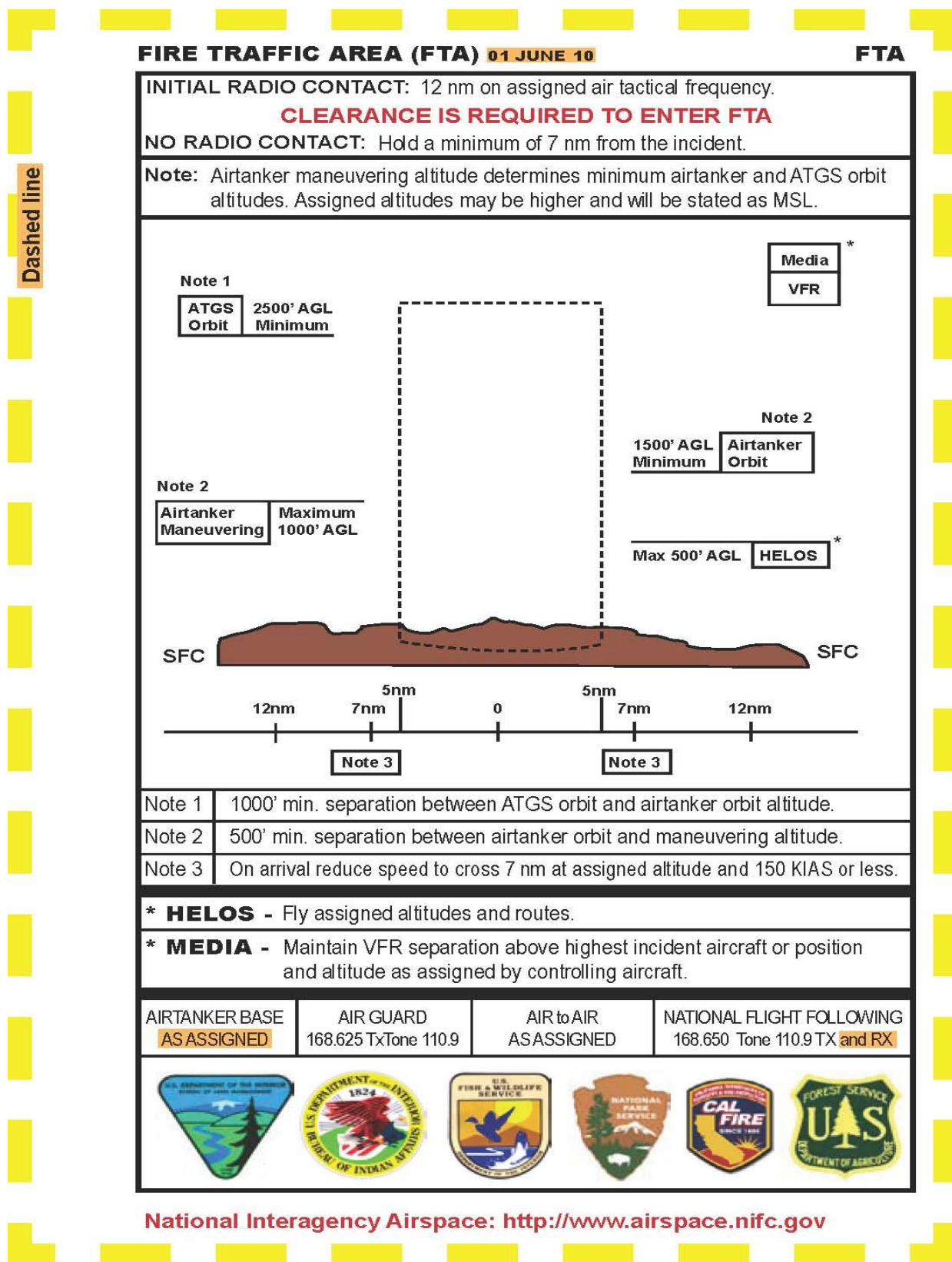
Time: _____

Fax to the sending Unit of the aircraft.

Aircraft Flight Plan (Form 9400-1a)

<div> <div> United States Department of the Interior Bureau of Land Management </div> <div> AIRCRAFT FLIGHT REQUEST/SCHEDULE </div> </div>									
1. Initial request information			Change #:		6. Aircraft Info				
Initial Date/Time:		To/From:	Phone Number:		Billie Code (OAS A/C only):		Flight Schedule No.		Pax Seats
					Make/Model:				
Check one: _ Point-to-Point _ Mission Flight			Desired A/C Type: _ Helicopter _ Airplane		Color:				
Mission Objective/Special Needs:					Vendor:				
					Phone No.:				
					Pilot(s):				
2. Passenger/Cargo Information – Indicate Chief of Party with an asterisk (*)									
Name/Type of Cargo (last name, initial)		LBS or CU ft	Project Order/Request No.	Dept Arpt	Dest Arpt	Return to			
3. Flight Itinerary (For Mission-Type Flights, Provide Points of Departure/Arrival and Attach Map with Detailed Flight Route and Known Hazards Indicated)									
DEPART WITH		DEPART FROM		ENROUTE		ARRIVE AT		DROP OFF	
Date	No. PAX	Lbs	Airport/Place	ETD	ATD	ETE	Airport/Place	ETA	ATA
						+			
						+			
						+			
						+			
						+			
						+			
						+			
						+			
4. Flight Following:									
_ FAA IFR _ Satellite _ FAA VFR w/ check-in every _ Minutes to _ FAA or _ Agency _ Agency VFT with check-in via radio every _ Minutes Frequencies:			5. Method of Resource Tracking: _ Phone _ Radio _ To Scheduling Dispatcher@ _ Prior to Takeoff _ Each Stop Enroute _ Arrival at Destination _ To: @ (Other Office) (Phone Number)			7. Administrative Type of Payment Document: _ OAS-23 or _ OAS 2 _ FS 6500-122 Other: Route Document To: 9. Close-out		8. Review (if applicable) _ Hazard Analysis Performed _ Dispatch/Airport Mgr. Checklist _ Other:	

Fire Traffic Area (FTA) Graphic



Interagency Request for Temporary Flight Restriction (FAR Part 91.137)

INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION

RESOURCE ORDER NUMBER:	DATE:
Request #: A -	TIME:
TO: FAA ARTCC _____	FROM: DISPATCH OFFICE _____
FAA PERSON CONTACTED: _____	PERSON REQUESTING TFR: _____
FAA PHONE: _____ FAX: _____	24 HR. PHONE _____

☐ Check if this TFR is a replacement. If so, NOTAM # of TFR being replaced. _____

Geographic Location of Incident _____

Location (Circular TFR)				
VOR	RADIAL	DISTANCE	LAT/LONG of Center Point	RADIUS
			N/ W	

OR (Polygon TFRs should be rare and only used if circular shape is not adequate.)

Location (Polygon TFR)									
Point	VOR ID	Radial	Distance	Lat/Long	Point	VOR ID	Radial	Distance	Lat/Long
1				N/ W	5				N/ W
2				N/ W	6				N/ W
3				N/ W	7				N/ W
4				N/ W	8				N/ W

Altitude restrictions: _____ FEET MSL

The _____ / _____ at _____ , _____

is in charge of on scene emergency response activities. TFR to provide a safe environment for fire fighting aircraft operations; effective immediately, until further notice, 24 hrs/day.

The requested TFR affects the following Special-Use Airspace:					
The requested TFR affects the Military Training Routes listed below:					
Route	SCHEDULING ACTIVITY	SEGMENT(S)	Route	SCHEDULING ACTIVITY	SEGMENT(S)

IMPORTANT NOTE TO FAA: If the TFR affects SUA and/or MTR(s), we request NOTAM distribution to all military bases involved, to the Coordinating Flight Service Station, and, for MTRs, to the Flight Service Station and Air Route Traffic Control Center with responsibility for the airspace at the route entry point(s).

NOTAM # _____	ISSUED AT _____ (Time) On _____ / _____ (Date)
---------------	--

Date/Time TFR Cancelled: _____ By: _____

Passenger and Cargo Manifest (SF245)

STANDARD FORM 245 (5/77) Prescribed by USDA FSM 5716 USDI MPS400.518		PASSENGER AND CARGO MANIFEST				NO. OF PASSENGERS ON THIS PAGE _____	PAGE ____ OF ____
ORDERING UNIT		PROJECT NAME				PROJECT NO.	
NAME OF CARRIER		MODE OF TRANS & ID NO.				PILOT OR DRIVER	
CHIEF OF PARTY		REPORT TO:				IF DELAYED CONTACT	
DEPARTURE		INTERMEDIATE STOPS				DESTINATION	
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE	
PASSENGER AND/OR CARGO NAME		M/F	PASSENGER WEIGHT	CARGO WEIGHT	DUTY ASSIGNMENT IF APPLICABLE		HOME UNIT
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
SIGNATURE OF AUTHORIZED REPRESENTATIVE						DATE	

CHIEF OF PARTY COPY

Infrared Aircraft Scanner Order**AIRCRAFT SCANNER ORDER****Incident/Project#:****FireCode#:****A#**

Incident Name:			Date/Time:		
Ordering Unit:			Telephone #:		
Local Dispatch:			Telephone #:		
GACC:			Telephone #:		
National IR Coord:			Telephone #:	(208) 387-5381	
			FAX #		
			Cell #	(208) 859-4475	
Regional IR Coord:			Telephone #:	()	
			FAX #:	()	
			Cell #	()	
IR Interpreter Ordered:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Telephone #	()	
IR Interpreter Assigned:			Cell #	()	
Location: Motel			Motel #	()	
Office or ICP			FAX #	()	
SITL Name and Location:			Telephone #:	()	
Incident Elevation (AVG):	Feet MSL		Approximate Size:	Acres	
Weather Over The Incident:					
Delivery Point:			Alt. Delivery Pt:		
Delivery type:	<input type="checkbox"/> Land Aircraft	<input type="checkbox"/> Air Drop	<input type="checkbox"/> Scanned file (give email address or ftp site in box below)		
Delivery time:					
Delivery point weather:					

Radio Frequencies:

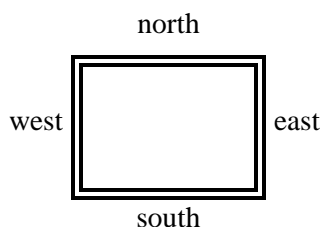
Local admin. Unit	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:
Alternative Freq	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:
Air Tactical Group Supervisor	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:

Incident Location from 2 VORs:**(Degrees)****(nautical miles)**

VOR:		Azimuth:		Distance:	
VOR:		Azimuth:		Distance:	

Mission Objective and Description:**LATITUDE/LONGITUDE INFORMATION NEEDED FOR EACH MISSION****Mapping Block**

NORTH		
SOUTH		
EAST		
WEST		



DOCUMENTATION OF CONTACTS REQUESTING DECONFLICTION OF AIRSPACE BY THE MILITARY

[illegible]

* UNTIL NO LONGER NEEDED, VERIFY REQUEST FOR DECONFLICTION OF AIRSPACE ON A DAILY BASIS WITH THE SCHEDULING ACTIVITY FOR MTRG AND/OR WITH THE MILITARY ATC OR SCHEDULING AGENCY FOR SPECIAL-USE AIRSPACE; DOCUMENT ALL VERIFICATIONS UNDER 'REMARKS.'